

**AIDS Case Management Program (CMP)
AIDS Medi-Cal Waiver Program (MCWP)**

Exemption for Staff Qualifications

☐ *Initial Request* ☐ *Renewal Request*

Request Information

Projects must employ professional staff, qualified by education and experience necessary to fulfill the Case Management responsibilities of CMP/MCWP. Projects must obtain prior written State authorization to employ personnel who do not meet the staff qualifications identified in the Joint AIDS Case Management Protocols (JACMP), but who may have similar qualifications.

Project Name: _____

Effective dates for this exemption cannot exceed the term of your CMP contract (July 1, 2007 to June 30, 2010).

This exemption is requested for the period from _____ to _____.

Exemption Requested for (check all that apply):

- ☐ Nurse Case Manager
☐ Social Work Case Manager

Initial Requests

Provide the following information:

- _____ 1. An explanation of the specific qualifications the individual lacks.
- _____ 2. An explanation of how the individual's education, experience and other qualifications justify employing the individual to perform the specific duties of the position.
- _____ 3. An explanation of how the individual's qualifications are similar to the JACMP requirements.
- _____ 4. A copy of the individual's current résumé.
- _____ 5. An explanation of the actions taken and problems experienced in recruiting individuals who meet the qualifications as specified in the JACMP.
- _____ 6. An explanation of who will supervise the individual and for how long.
- _____ 7. Additional information as requested by your Health Program Advisor (HPA).

Renewal Requests

If an exemption was approved for the same individual during the prior contract term, no new documentation is required.

Certification

Must be Completed for Both Initial and Renewal Requests

- 1. Case Management staff must meet licensure, education and experience requirements as detailed in the JACMP unless an exemption is approved by the Office of AIDS (OA).
- 2. I understand that this form and the supporting documentation (initial requests only) must be sent to the OA HPA for approval. Written approval must be received from OA prior to this individual providing case management services.
- 3. All documents that relate to and support this exemption request, including a copy of this completed form, must be retained at the agency and made available for review, if requested.

Print Name

Telephone

E-mail

Signature

Date

For OA Use Only

☐ Approved, Conditions: _____

Effective Dates: From _____ to _____ (cannot exceed term of contract)

☐ Not Approved, Comments: _____

OA HPA Signature: _____ Date: _____

OA Nurse Consultant Signature _____ Date: _____

OA Social Work Consultant Signature _____ Date: _____